

PRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH											
FILED VS. SEP 28 1960		318		1003		8821		-60-036722			
Registration District No.		Primary Registration District No.		Registrar's No.		STATE FILE NUMBER					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
a. COUNTY				a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only)				Length of stay in 1b				c. CITY OR TOWN			
OR TOWN								St. Louis			
c. FULL NAME OF (If NOT in hospital, give location)				Inside Limits				d. STREET ADDRESS (If outside, give location)			
HOSPITAL OR INSTITUTION				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2816a Burd Street			
Homer G. Phillips Hospital								Reside on Farm			
Yes <input type="checkbox"/> No <input type="checkbox"/>								Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED				4. DATE OF DEATH				Month Day Year			
First Middle Last				9 - 8 - 1960							
Georgia NMN Williams											
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR	
Female		Colored				2-8-1913		47		Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)			
Domestic				None				Mississippi U.S.A.			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE			
James Woods m				Mateal Woods				General Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.				17. INFORMANT Address			
No				?				Mr. General Williams 2816a Burd Street			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <i>Septicemia</i>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b) <i>Intestinal Obstruction, septic infant of the black</i>											
DUE TO (c) <i>Bilateral Pyelonephritis</i>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the term in PART I. If deceased was female was there a pregnancy in last 90 days.											
<i>Septicemia caused by an infection from a public service conveyance around</i>											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								20. ACCIDENT, SUICIDE, HOMICIDE <input type="checkbox"/> <i>Undetermined</i>			
20a. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of statement)			
8 12 60 <i>determined</i>								<i>caused not be</i>			
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>								20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
								20e. CITY, TOWN, OR LOCATION			
								COUNTY			
								STATE			
21. I attended the deceased from _____ to _____ and last saw her alive on _____											
Death occurred at _____ 9:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title)				22b. ADDRESS				22c. DATE SIGNED			
<i>Patrick J. Taylor Coroner</i>				1300 Clark				9.8.60			
23a. BURIAL, CREMATION, REMOVAL (Specify)				23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)			
Removal				Greenwood				St. Louis County, Missouri			
24. FUNERAL DIRECTOR ADDRESS				25. DATE RECD. BY LOCAL REG.				26. REGISTRAR'S SIGNATURE			
Ellis Funeral Home 2820 Stoddard St.				SEP 8 1960				<i>Earl Smith, M.D.</i>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fulton E. Culbreth

Licensed Embalmer No. 4198

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.